

FOR OFFICIAL USE ONLY

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.

ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.

DISCLOSURE: Disclosure of your social security number is voluntary, however, failure to provide the information requested may delay or prevent approval of your request.

NAME:

AKA:

SSN:

GRADE/RANK:

ORGANIZATION:

HOME ADDRESS:

PURPOSE OF VISIT:

AREA(S) TO BE VISITED:

DATE/TIME OF ARRIVAL:

DATE/TIME OF DEPARTURE:

DRIVERS LICENSE #:

STATE:

DATE OF BIRTH:

PLACE OF BIRTH:

CITIZENSHIP:

SEX:

EYE COLOR:

HAIR COLOR:

WEIGHT:

HEIGHT:

WORK PHONE NUMBER:

HOME PHONE NUMBER:

POC AT SIERRA:

POC PHONE:

CAMERA REQUIRED: YES NO

REASON CAMERA IS REQUIRED:

LE Division NCIC Check - Adverse Information – Yes No

Date:

Name of NCIC Operator:

Security Manager/Physical Security Specialist Approval

Entry Granted –

Yes

No

Date:

Name: